

The Southside Scene

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In the Livingston Health
Services Building

Welcome to our newsletter! We hope you will find the information it contains to be helpful, and encourage you to pass it along to friends or family members who might also benefit from it. Please feel free to suggest topics for further newsletters – call us or let us know at your next visit!

Hearing Aid Warranties

Most standard manufacturer hearing aid warranties are one year. This usually includes repairs and loss and damage. As many of you know, Southside Hearing Center generally provides a 3-year warranty for most hearing aid packages. As of August 2003, many of the new packages (purchases after Aug 1st) include not just a 3-year repair warranty, but also include a 3-year loss and damage warranty (previously one year). This means that if the hearing aid is lost or damaged beyond repair, the hearing aid is replaced by the manufacturer. This coverage is limited to one time per hearing aid, within the warranty period. Often a deductible is the only fee for the replacement (this beats buying a whole new hearing aid!)

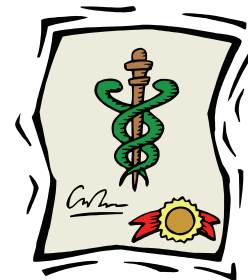
However, what do you do after your three years is up? Southside Hearing Center works with a broker that insures hearing aids after the manufacturer warranties expire. For an annual premium that is based on the technology and age of your hearing, your hearing aid will continue to be covered for repairs or loss and damage. You can con-

tinue to have the same piece of mind as during your original warranty period.

Hearing aids that only have the standard one-year warranty can also benefit from the above program. However, the option of extending your manufacturer warranty through the manufacturer also exists. This must be done prior to the end of your warranty period. Hearing aid manufacturers will, however, only provide a maximum three-year warranty.

Remember, during your repair warranty period, you will continue to receive the same in-office cleanings and repairs that you have become accustomed to, regardless of how you have extended your warranty.

To take advantage of the Extended Hearing Aid Warranty program, give us a call at 243-7690. ■



Inside this Issue:

Hearing Aid Warranties	1
Technology Update: Assistive Listening Devices	1
The Scoop on Sue	1
Sue Says...	2

The Scoop on Sue

- Sue is now fully recovered from her knee surgery, and back to her busy lifestyle, including volleyball!
- Sue's niece has arrived from overseas! Her name is Kaelin, and she is 13 months old. She is a cutie (no bias here, though)!
- School is back in session, which means Sue will be out of the office to teach at SUNY Geneseo on Monday mornings and Thursday late afternoons.

Technology Update: Assistive Listening Devices

Just in Time for the Holidays...

To many, the use of hearing aids is a big help; but limitations remain. Performing some of the everyday tasks such as using the telephone, hearing the television, hearing the doorbell ring, or hearing the alarm clock can continue to be difficult despite the use of hearing aids. To others, hearing aids are not an option for one reason or another, yet hearing is quite impaired. Some of the most underutilized devices within the hearing industry are **Assistive Listening and Alerting Devices (ALDs)**.

(Continued on page 3)



Sue Says...

The Spin on Dizziness

Having a balance problem can be one of the most frightening and frustrating experiences for a person. It is often just as frustrating for the physician to explore. Unfortunately, discovering the cause of dizziness is often a game of ruling out, or making sure it's not this or that. Investigating the cause of dizziness can sometimes be like peeling an onion...one layer at a time-crying all the way.

Many patients are referred for a comprehensive audiological evaluation by their primary physician or otolaryngologist as part of the investigation. To many, this seems an unlikely avenue to explore. However, the status of one's hearing often reflects the status of the inner ear, which also harbors the balance mechanisms. In fact, the hearing nerve and the balance nerve are the same nerve (Cranial Nerve VIII in medical terms). Therefore, when one organ within the inner ear is affected by something (balance for instance), many times the other organ is also affected (the hearing organ). A pattern of hearing loss can often help the physician know the cause of the dizziness, other avenues to explore, the course of treatment, or other necessary referrals or tests.

The term dizziness can be very vague that means different things to different people. It is very important to be as specific about the dizziness in order to figure out the cause of it. For instance, a person may feel lightheaded, but call it dizzy. True spinning can also be called dizzy. There is a distinct difference between the two. Vertigo is a term that is often used to describe dizziness as well. The true meaning of vertigo is the sensation of spinning (either the person himself or the environment), often accompanied by nausea or vomiting. Involuntary eye movements, called nystagmus, can often be seen by others or felt by the patient. Other descriptors of dizziness include off-balance, staggering, wavy, in-a-fog, out-of sorts, whirling, faint, giddy, and swimmy. Oddly, each one often has a different source or cause. Not all dizziness is true vertigo.

*Happy Holidays
from Sue &
Kathy!! We look
forward to work-
ing with you in
the coming year!*

Other important considerations when trying to determine cause of dizziness/vertigo include:

- duration of the episode (if indeed the vertigo occurs in episodes)
- when did the episodes start? (it may be as important to site the very first time it happened, even if it was 20 years ago)
- how frequent are the episodes?
- do they seem to subside?
- can you make them start or stop?
- do you have temporary or permanent change in hearing? (one or both ears)
- do you have ringing, roaring, thumping, hissing, pulsing or other sounds in one or both ears?
- does it occur with body or head movement, and in which ways?
- do you experience double or blurred vision?
- does the dizziness seem to be associated with any medications or food?
- can vestibular suppressants (i.e. Bonine, Dramamine, or Meclazine) help?

The most common cause of vertigo is Benign Paroxysmal Positional Vertigo (BPPV.) The term is rather intimidating, but in a nut shell...it means a benign (not threatening) dizziness caused by change in position. Physiologically speaking, crystals called otoliths within the semicircular canals (the balance organs within the inner ear) break off and start to free-flow within these semicircular canals. These crystals may disrupt the normal fluid flow and end up giving the brain the wrong information about a person's body position within the environment. This ultimately causes dizziness. The vertigo will subside, or fatigue out, with repetition of the movement or position that causes the vertigo. An initial episode is typically brief, but frightening. Exercises can be performed to settle these crystals back into place and ending the vertigo. These exercises can sometimes be done at home; however, sometimes the aid of a trained professional (physician, audiologist, physical therapist, nurse practitioner or physician assistant) is required. With BPPV, one does not usually experience any "ear symptoms" such as change in hearing or tinnitus.

(Continued on page 4)

Technology Update: Assistive Listening Devices

(Continued from page 1)

ALDs are a group of electronic devices that are specific to a task such as the ones above. The general purpose of an assistive device is to improve the sound of the signal (what you are listening to) over the noise of the environment. This is known as the signal-to-noise ratio. An alerting device makes you aware of the environmental sounds around you

A list of such devices includes, but is not limited to:

- Amplified telephones (hard wired and cordless)
- Doorbells which trigger lights when rung
- Hard wired or cordless television amplification systems (i.e. TV Ears)
- Personal listening devices that look like small radios that have microphones and headsets. (Some of these are actually versatile enough to use with your television)
- Alarm clocks that vibrate, are generally louder, or light up

Do you have a telecoil on your hearing aid? (Ask me if you do not know) This can be used with your telephone (not a cell phone); or it can be used in an environment that has a "looped" area. This is known as an induction loop. Many area churches or theaters have induction loops. When you turn your hearing aid to the telecoil setting while sitting within the area that is looped, you can hear the lecture/sermon/play through the telecoil of your hearing aid without the excess background sound. It is as if the person talking is talking directly into your ear. Quite frankly however, some telecoils are better than others. Of course, when at a theater or church, the system must be turned on and functioning properly for you to benefit. One can even have a personal teleloop for environments that are not looped.

Assistive Listening Devices are electronic devices that help with everyday tasks such as using the telephone, hearing the television, hearing the doorbell ring, or hearing the alarm clock.

Do you know if your television has closed captioning? If your television is approximately 10 years old or younger, your television has to have closed captioning capabilities. This is in accordance with the American with Disabilities Act. Most of the televisions require turning the closed captioning on either by flipping a switch or through the remote control. Look in your manual to see how you can use your closed captioning feature. Closed captioning is a fantastic way to pick up the words you miss while listening to television.

There are also assistive listening devices that can work with your hearing aids directly. These devices "boot up" to your hearing aids (usually need to be behind-the-ear hearing aids and not all hearing aids will boot up). This system is often the best type of system for somebody who is in multiple listening situations and meetings. A microphone can be placed on a meeting room table and the signal is then directed into your hearing aid. One might even be able to plug the system directly into a stereo or television.

Bottom line with assistive listening devices...a signal must be transmitted, and the signal must be received and delivered into the person's ear. There are dozens of ways to deliver that sound source into the person's ear with great sound and fidelity.

So, just in time for the holidays...if you know somebody that could benefit from any of the above, it may make for a great gift. Just contact us and see how we can help! ■



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The Spin on Dizziness

(Continued from page 2)

The following is a list of some other conditions causing vertigo:

CAUSE	SYMPTOMS
Meniere's Disease	sudden vertigo (often violent) with a roaring sound in one ear with a loss of hearing. It can last for hours with little relief. Hearing will often fluctuate. Other people may sound like Donald Duck!
Labarynthitis	A viral infection within the inner ear causing severe vertigo that can last for days. Can cause sudden hearing loss that may or may not be permanent
Acoustic Neuroma/ Schwannoma	A benign tumor on the hearing nerve that may cause asymmetrical hearing loss. Also may cause one-ear ringing and fullness in the ear. Sometimes sudden in nature, but more commonly develops over time gradually. The dizziness is not usually vertigo. It may be more of a staggering or lopsided feeling
Vertebral Artery Insufficiency	Poor blood flow through the arteries at the back of the neck. The dizziness is usually more lightheadedness; often occurs when tilting head back and looking upward. There are usually no ear symptoms or loss of hearing, but one may experience a pulsing in the ear or head.

Of course the above list is not at all a comprehensive list. The list can seem endless and will include vascular disorders, neurological disorders, metabolic disorders, diseases, viruses, syndromes, malformations, infections, aging, and psychological disorders. One can appreciate the headache dizziness gives to not just the patient, but to the healthcare provider. Being as specific as possible about the dizziness, its duration, and other associated symptoms are essential to the course of investigation and treatment.

The spin on dizziness...it is not unusual for a patient to see multiple professionals and have multiple evaluations when attempting to differentiate the many causes of dizziness. ■
